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Bib Data Sheet

CONFIRMATION NO. 3299

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|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 09/522,334 | FILING DATE 03/09/2000 RULE | CLASS 800 | GROUP ART UNIT 1638 | ATTORNEY DOCKET NO. 4257-0018.30 |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS
Ry Wagner, Eugene, OR;
Helena Mathews, Portland, OR;
Xing Liang Liu, Eugene, OR;
Wendy J. Waggoner, Tigard, OR;

**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/124,232 03/12/1999

**** FOREIGN APPLICATIONS *******
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 05/16/2000

| | | | | |
|---|---|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY OR | SHEETS DRAWING 12 | TOTAL CLAIMS 21 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>DK</i> | | | |

ADDRESS
23500

TITLE
Trait-associated gene identification method

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 454 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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|---|---|---------------------------------|--|--|
| SERIAL NUMBER 09/522,334 | FILING DATE 03/09/2000 RULE - | CLASS 435 | GROUP ART UNIT 1651 | ATTORNEY DOCKET NO. 4257-0018.30 |
| APPLICANTS Ry Wagner, Eugene, OR ; Helena Mathews, Portland, OR ; Xing Liang Liu, Eugene, OR ; Wendy J. Waggoner, Tigard, OR ; | | | | |
| ** CONTINUING DATA ***** <i>pk</i> THIS APPLN CLAIMS BENEFIT OF 60/124,232 03/12/1999 | | | | |
| ** FOREIGN APPLICATIONS ***** <i>pk none</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/16/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY OR | SHEETS DRAWING 12 | TOTAL CLAIMS 21 |
| Verified and Acknowledged Examiner's Signature <i>PK</i> Initials | | INDEPENDENT CLAIMS 1 | | |
| ADDRESS | | | | |
| 22918 | | | | |
| TITLE | | | | |
| Trait-associated gene identification method | | | | |
| FILING FEE RECEIVED 454 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees | |
| | | | <input type="checkbox"/> 1.16 Fees (Filing) | |
| | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | |
| | | | <input type="checkbox"/> 1.18 Fees (Issue) | |
| | | | <input type="checkbox"/> Other _____ | |
| | | <input type="checkbox"/> Credit | | |